

Unit # _____

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

COMPANY NAME: The Clarkson 16th Ave **COMPANY ID NUMBER:** _____

I (we) hereby authorize Capital Hill Home Management Co, hereinafter called COMPANY, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY: _____ **BRANCH:** _____

NAME: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **ACCOUNT NUMBER:** _____

ROUTING NUMBER: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ **PLEASE PRINT** _____ **PLEASE PRINT** _____

SIGNED: _____ **DATE** _____ **DATE** _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.